

STRIDESM (HMO) MEDICARE ADVANTAGE

Effective Date: January 1, 2017

Subject: Reconstructive and Restorative Skin Procedures¹

Policy:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage covers reconstructive and restorative skin procedures (including Panniculectomy and Excision of Redundant Skin) that are medically necessary to correct or improve a physical functional impairment², to repair or restore facial appearance damaged by accidental injury (e.g., repair of significant facial disfigurement following a serious automobile accident), and/or to remedy ongoing medical complications.

- Services required to treat a complication that arises as a result of a non-covered cosmetic service are covered only when medically necessary in all other respects.

Photographic documentation must be mailed or emailed to Harvard Pilgrim StrideSM (HMO) Medicare Advantage as faxed photos are usually of poor quality, and cannot be utilized in making a determination of medical necessity.

Covered services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and

¹ Reconstructive procedures are utilized to restore functionality and/or resolve associated medical complications for members with a physical functional impairment related to a medical condition or complication. Restorative procedures are utilized to repair or restore facial appearance damaged by accidental injury.

² A physical functional impairment is a condition in which the normal/proper action of a body part is damaged or diminished, and adversely affecting the individual's ability to participate in normal activities of daily life. The condition's impact on an individual's emotional well-being or mental health is not considered in determining if a physical functional impairment exists.

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- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.³

Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover most cosmetic services⁴, and reserves the right to deny coverage for cosmetic services that are not medically necessary.

Authorization:

Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for the following procedures:

- Hemangioma Treatment
- Port Wine Stain Treatment
- Scar Revision (Surgical Procedures)
- Panniculectomy, and Excision of excess/redundant skin and subcutaneous tissue⁵

When multiple procedures are requested, criteria for each procedure must be met before services are authorized. When bilateral procedures are requested, criteria must be independently met on right and left sides.

Criteria:

Procedure	Criteria
<p>Hemangioma Treatment</p> <p>Photographs documenting the size, location and characteristics of the hemangioma are required.</p>	<p>Destruction of a cutaneous congenital hemangioma is authorized when medical record documentation confirms the growth meets ANY of the following:</p> <ul style="list-style-type: none"> • Is visible (above clothing) on the face, neck, or ears; • Is causing a functional impairment of vital structures (e.g., impaired vision, astigmatism, auditory impairment and secondary speech delay); • Is symptomatic (i.e., has a history of recurrent bleeding, ulceration, or infection); • Is pedunculated (attached with a narrow, stalk-like base); or

³ Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

⁴ Cosmetic services (i.e., surgery, procedures or treatments performed primarily to reshape or improve the patient's appearance) are not usually considered medically necessary, even when intended to improve an individual's emotional well-being or treat a mental health condition.

⁵ Liposuction (CPT codes 15830-15839) that is an integral part of covered services such as the surgical removal of excessive skin, is not separately reimbursed.

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	<ul style="list-style-type: none"> Is associated with Kasabach-Merritt Syndrome (KMS).
<p>Port-Wine Stain Treatment</p> <p>Photographs documenting the size, location and characteristics of the Port-Wine Stain are required.</p>	<p>Laser treatment of a Port-Wine Stain (nevus flammeus) is authorized when medical record documentation confirms a lesion meets ANY of the following:</p> <ul style="list-style-type: none"> Is visible (above clothing) on the face, neck, or ears; Has been subject to recurrent bleeding, ulceration, or infection; Involves the vasculature of the eye and central nervous system, and treatment is medically necessary to prevent complications (e.g., glaucoma, retinal detachment, intellectual disability).
<p>Surgical Scar Revision</p> <p>Photographs documenting the size and location of the scar are required.</p>	<p>Authorized when medical record documentation confirms a member's scar meets ANY of the following:</p> <ul style="list-style-type: none"> Is the result of a prior mastectomy or lumpectomy procedure; Is causing a physical functional impairment (e.g., interferes with movement of a joint); Is causing significant symptoms (e.g., intense pain, burning, itching) that cannot be effectively treated with appropriate local and or systemic medications (e.g., analgesics, corticosteroids, antibiotics); Has a history of intermittent and recurrent breakdown that has been refractory to physician-supervised local treatment.
<p>Panniculectomy</p> <p>Frontal and lateral photographs (taken when the patient is standing erect) are required, and must demonstrate the degree of the pannus and any related skin conditions.</p>	<p>Authorized when medical record documentation confirms a member meets ALL the following:</p> <ol style="list-style-type: none"> Has achieved weight loss of at least 75 lbs., and EITHER of the following: <ul style="list-style-type: none"> Weight loss occurred following lifestyle changes (including diet and exercise) or medical intervention, and member's weight has been stable for at least 6 months; OR Weight loss occurred following bariatric surgery, and member's weight has been stable for at least 12 months post surgery. Weight loss has resulted in a Grade 2 or higher (on ASPS scale⁶) occlusive overhanging pannus that directly causes ANY of the following:

⁶ The severity of abdominal deformities is graded as follows (American Society of Plastic Surgeons [ASPS], 2007d):

- Grade 1: pannus covers hairline and mons pubis but not the genitals
- Grade 2: pannus covers genitals and upper thigh crease

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Procedure	Criteria
	<ul style="list-style-type: none"> • A physical functional impairment that interferes with activities of daily living including physical exercise; • Persistent symptomatic intertriginous ulcerations or macerations that have been refractory to good personal hygiene and several months of physician-supervised local treatment.⁷ • Recurrent skin infections (i.e., at least 2 episodes within 12 months) that required systemic antibiotics, and are directly related to the pannus. <p>3. The requested procedure can reasonably be expected to restore functionality and/or resolve associated medical complications.</p>
<p>Excision of redundant skin and subcutaneous tissue from anatomical areas</p> <p>Photographs demonstrating the degree of skin redundancy and related skin conditions required.</p>	<p>Removal of redundant skin (e.g., from thighs, hips, buttocks, and/or arms) is authorized when medical record documentation confirms a member meets ALL the following:</p> <ol style="list-style-type: none"> 1. Has achieved weight loss of at least 75 lbs., and EITHER of the following: <ul style="list-style-type: none"> ➤ Weight loss occurred following lifestyle changes (including diet and exercise) or medical intervention, and member’s weight has been stable for at least 6 months; OR ➤ Weight loss occurred following bariatric surgery, and member’s weight has been stable for at least 12 months post surgery. 2. Weight loss has resulted in significant excess/redundant skin or skin folds; 3. Redundant skin and/or skin folds directly cause ANY of the following: <ul style="list-style-type: none"> • A physical functional impairment that interferes with activities of daily living including physical exercise. • Persistent symptomatic intertriginous ulcerations or macerations that have been refractory to good personal hygiene and physician-supervised local treatment over a period of several months.

- Grade 3: pannus covers upper thigh
- Grade 4: pannus covers mid-thigh
- Grade 5: pannus covers knees and below

⁷ Documentation must include a detailed description of all physician-supervised skin treatment.

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Procedure	Criteria
	<ul style="list-style-type: none"> ➤ Documentation must include a detailed description of all physician-supervised skin treatment. • Recurrent skin infections (i.e., at least 2 episodes within 12 months) that required systemic antibiotics, and are directly related to the redundant skin.

Exclusions:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover cosmetic procedures when criteria above are not met.

In addition, Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover:

- Abdominoplasty
- Chemical Peel (dermal and epidermal) Diastasis recti repair
- Dermabrasion
- Diastasis recti repair
- Hair removal by any method, temporary or permanent, including, but not limited to, electrolysis, waxing, or laser, even if the excessive hair is caused by a medical condition.
- Injection of dermal filling materials for cosmetic purposes (e.g., treatment of acne or chicken pox scars, or facial wrinkles)
- Laser therapy for treatment of vitiligo that is not on the face, neck, or hands
- Microdermabrasion
- Panniculectomy or removal of excess/redundant skin for treatment of psychological or psychosocial issues related to redundant skin
- Panniculectomy or removal of excess/redundant skin performed at the time of an additional abdominal or gynecological surgery unless criteria above are met
- Removal of asymptomatic skin tags
- Removal of decorative tattoo
- Shaving or removal of a benign, asymptomatic epidermal or dermal lesions
- Suction lipectomy except as described above
- Surgical removal of redundant skin, or body contouring for cosmetic purposes only
- Tattooing for treatment of vitiligo
- Treatments for acne scarring including (but not limited to) dermal fillers, surgery, cryotherapy, chemical exfoliation, and laser and light-based therapies (e.g., blue light therapy, pulsed light, diode laser treatment)

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Coding: Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Code	Description
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial placcation) List separately in addition to code for primary procedure)
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

Approved by UMCPD: 10/12/16

- **Initial Approval: 8/26/15 (effective 1/1/16)**

Summary of Changes:

Date	Revision
10/12/16	Annual review. Minor language changes, confirmed reference.

References:

1. ASPS Recommended Insurance Coverage Criteria for Third Party Payers- Skin Lesions:
<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Skin-Lesions.pdf> (Accessed 10/5/16)

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